Lourdes Public Charter School

Code: **AC-AR(2)**

Adopted: 4/28/25

Discrimination Complaint Form

Name of Person Filing Complaint Date School or Activity

Student/Parent 🞏 Employee 🞏 Job applicant 🞏 Other 🞏

Subject of complaint:

🞏 Race

🞏 Color

🞏 Religion

🞏 Sex

🞏 National or ethnic origin

🞏 Mental or physical disability

🞏 Marital status

🞏 Familial status

🞏 Economic status

🞏 Veterans’ status

🞏 Age

🞏 Sexual orientation

🞏 Gender identity

🞏 Pregnancy

🞏 Income level

🞏 Athletic ability

🞏 Proficiency in English language

🞏 Discriminatory use of a Native American mascot

🞏 Other

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of discussion.)

Who should we talk to and what evidence should we consider?

Suggested solution/resolution/outcome:

This complaint form should be mailed or submitted to the administrator.

Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division or the U.S. Department of Labor, Equal Employment Opportunities Commission.